

# State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 6/5/07

Address: 416 700 S & 1/2 N 850 W

Case #: 42-27231

County: DeKalb

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☒ Open - No Structure  
☐ Vehicle ☐ Other:

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s):  
☐ Red Phosphorous/Iodine Reaction(s):  
☐ Flammable Solvents:  
☐ Water Reactive Metal (Lithium):  
☒ Anhydrous Ammonia: TANK  
☐ Hydrochloric Acid Gas Generator(s):  
☐ Corrosive Acid:  
☐ Corrosive Base:  
☐ Other (item and location):

## Child under age 18 discovered (check one)

- ☐ Yes (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: Property Owner

## This report is to be faxed to the following agencies that serve the location:

Fire Department: Leans VFD

Fax: Hand Delivered to GFD

Health Department: DeKalb Co

Fax: Hand Delivered

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Agos

Phone 684-8000

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.